

## Approved Examiner Update

Please check **all** that apply and return the signed/dated form to:

Provider Review and Education  
PO Box 44322  
Olympia, WA 98504-4322  
Fax (360) 902-4249

- ☐ **I am available** to conduct independent medical examinations. Do not remove my name from the Approved Examiners List.
- ☐ **I am temporarily unavailable** to conduct independent medical examinations. Do not remove my name from the Approved Examiners List. I will be available to schedule appointments after \_\_\_\_\_.  
Date
- ☐ **I am not available** to conduct independent medical examinations. Please remove my name from the Approved Examiners List and inactivate my IME provider number. I have been informed that if my name is voluntarily removed from the list I may reapply in the future. Any future application will be subject to approval criteria in use at the time of the application.

- ☐ **Please correct contact information listed on the website at [www.imes.lni.wa.gov](http://www.imes.lni.wa.gov).**

Examiner name: \_\_\_\_\_

Examiner mailing address: \_\_\_\_\_

Examiner contact phone: \_\_\_\_\_

- ☐ **To change IME Firm affiliation or examsite availability or address please call: (360) 902-6815.**

- ☐ **My direct patient care status (excluding IMEs) has changed to (circle):**

**Full-time**

**Part-time (under 32 hrs/week)**

**Limited (8 or less hrs/week)**

**Retired as of** \_\_\_\_\_  
Date

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_